EVALUATION
OF THE MOBILE WAR TRAUMA TEAM

Program of Meeting the Psychosocial Needs of Children in Angola

A PROJECT OF
THE CHRISTIAN CHILDREN'S FUND

by

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Executive Summary

Nearly half of the 1.2 million people displaced by Angola's long-running civil war are children under the age of 15, and it is estimated that 100,000 children were separated from their families following the renewal of hostilities in November 1992. The fighting has amplified economic stress, increasing the problems of family breakdown and hunger and eroding social services. By 1993 UNICEF estimated that nearly 840,000 children were living in "especially difficult circumstances."

USAID is funding two complementary efforts that address major problems of such children: a documentation, tracing, and reunification (DTR) project, being implemented by Save the Children/UK, and a program to help meet the psychosocial needs of war-traumatized children, implemented by the Christian Children's Fund (CCF). The latter project was funded during its first year by ASDI (Swedish Development Cooperation). An internal evaluation by the Mobile War Trauma Team (MWTT) is detailed in *Relatório Final* (October 1995). USAID support is set at $2.0 million over three years beginning September 1995.

One purpose of the evaluation described in this report was to help consolidate experience, evaluation findings, and lessons learned to date, with a view toward guiding adaptation of the program to changing conditions and opportunities in Angola, which has recently entered a period of peace, rehabilitation, and reconciliation. A second purpose of the evaluation was to help CCF/Richmond and USAID/Washington better understand the program in order to provide it with the best support.

Meeting Training Targets

The objective in the first year was to train 500 adults (the immediate project beneficiaries) who are in certain care relationships with children. A total of 574 men (51 percent) and women (49 percent) were trained, including community leaders in camps for the dislocated (*deslocados)*; staff of children's homes, child-related NGOs, and street children programs; teachers and social workers; and trainees working for the government. Some 14,950 children were reached by the program: 4,372 dislocated children, 2,110 separated children or street children, 7,517 school children, and 951 children of preschool age. In addition to the initial training, there were 82 follow-up and technical assistance visits and 21 evaluation meetings with trainees.

A study of a random sample of trainees conducted an average of six months after training showed considerable enthusiasm for the training. Ninety-eight percent of trainees reported that their project-acquired skills, awareness, and sensitivities had allowed them to identify children with post-traumatic stress disorder (PTSD); 91 percent said they were able to improve behavior among children with PTSD; and 96 percent reported being able to have a better relationship with the children. Eighty percent said they were better able to satisfy the psychological and emotional needs of traumatized children (the lower number indicating, we think, the difficulty of doing this adequately, perhaps especially in the case of street children and those in institutional settings). Seventy-eight percent said they believed they could put their ideas into practice.

As a result of their increased awareness and sensitivity to the special needs of war-affected children and through "interventions" such as organized dances, drawing sessions, story-telling, drama and role playing, sports and games, and the establishment of schools or preschools, trained adults were able to improve the situation of children. Specifically, the sample of trainees reported the following improvements in the children:

- Improved child-child and child-adult relationships
- Decreased sleeping problems
- Diminished isolation behavior
- Progress in psychomotor development among younger children
- Greater participation among children in institutions
- Diminished violence between children
- Manifestations of greater certainty and trust in the future
- Decreased bed-wetting

Based on their own observations, the MWTT staff added the following improved behaviors:

- Reductions in stress reactions
- Reduced degree of aggressive behavior
- Increase in awareness and in cognitive and affective responses
- Reduction in concentration problems
- Reduction in psychosomatic illness
- Improved perspective in relation to the future

In assessing the effect of the training, it should be realized that program activities impact on awareness where there was little previously and on attitudes. Because effects are broad and far-reaching, it is difficult to measure them by inquiring in limited areas.

Sustainability and Cultural Appropriateness

The MWTT has developed a solid, community-based, participatory approach based on the cultural and socioeconomic realities of Angola. CCF is a leader in developing such an approach in a country where such initiatives are relatively new. To the extent that the MWTT can continue in this direction, awareness of the needs of children as well as healthy activities for them will become rooted in local communities. To implement its program and institutionalize its approach (and impact policy) at the national level, the MWTT has made linkages with a number of relevant organizations, both public and private and national and international.

The psychosocial intervention model, derived from practices in Europe and the United States, is based on certain assumptions, for example, the value of individual therapy and of encouraging a child to "freely relate painful experiences in a trusting and secure environment" over an indefinite period of time in order to let go of "anger, frustration and rage" (to quote from early MWTT project documents). The MWTT, through a step-by-step, community-based, participatory process, has modified the intervention model to suit cultural realities in creative and appropriate ways. It also adapted the exposure and impact scales as measurement tools.

Program Constraints

A number of problems in project design and implementation were noted by the MWTT; the evaluation team has added several more. The primary and all-pervasive constraints to implementation are the conditions of extreme poverty and the beneficiaries' lack of resources in both their personal and professional lives.

Training and Curriculum

The MWTT consists of four Angolans, two of whom formerly worked at the Ministry of Rehabilitation and Social Reintegration. Carlinda Monteiro trained the MWTT and prepared the initial training materials with the advice of a U.S. psychologist. Carlinda conducted two two-week trainings of groups of 25 people, during which she also trained the MWTT. The training was done in a highly participatory manner that evoked and honored traditional culture and methods of healing; the team incorporated what it learned about local culture into subsequent trainings. As a result, the training curriculum was a highly imaginative synthesis of traditional knowledge and state-of-the-art scientific knowledge about child development, trauma, and healing. Following the training, the MWTT made follow-up visits to ensure that the methods were being applied correctly and to help solve any problems that had arisen. This curriculum and training method is an innovative model worthy of development and application in other African contexts.

Problems encountered included the fact that some trainees lacked even basic items such as paper and writing instruments. More serious problems arose in connection with the selection of

training sites and trainees. Initially, MINARS guided the selection of sites, emphasizing children's homes and sites for street children. This emphasis limited the long-term impact of the MWTT, which, to its credit, worked increasingly in communities where traditional, sustainable methods could be applied.

Management

The MWTT team enjoys good leadership as well as good communication and esprit de corps. Little time was spent evaluating management issues. There are some needs in management training, including budgetary management, planning, and reporting. A recommendation concerning reporting appears below.

Lessons Learned

- A program such as this one cannot have an impact unless there are also efforts made to meet the basic biological and safety needs of children and to raise social awareness of the needs and rights of children.

- In addressing children's war traumas, it is essential to respect traditional culture and to integrate local knowledge with Western approaches.

- Key to the success of the MWTT was that the team consisted of Angolans who knew the language and culture and who respected and were willing to learn traditional ways from the people whom they trained.

- The MWTT should control the selection of training sites as much as possible. It should choose sites with an eye toward ensuring program sustainability and the application of a community-based approach.

- To ensure maximum program impact, more attention should be given to the selection of training sites and of people who will use the training methods to the greatest effect. (See the "lessons learned" section in the *Relatório Final* for additional conclusions.)

Recommendations

- Train the MWTT further in behavioral science research methods, allowing them to advance their participatory, community-centered approach.

- Encourage the MWTT to continue its process of networking with other organizations in order to help local communities meet their basic needs.

- Increase the use of the mass media for building public awareness of the needs of children who experience war trauma and of community-centered models in addressing these needs.
- Increase the resources allocated for training.

- Add a full-time staff position for working with the Angolan media on issues of children and war trauma.

- Provide additional staff development, particularly in the areas of computers, English language, and budgetary management.

- Provide peace education activities that educate people about the psychosocial impact of war on children, heighten awareness of children's human rights, create common ground for processes of reconciliation, and prevent retraumatization stemming from violence in the family.

- In designing and evaluating future programs, give greater attention to the psychosocial problem of "futurelessness," the importance of proactive approaches, and the necessity of mobilizing and empowering communities around issues of children's psychosocial health.

- Include in quarterly reports more qualitative information about the process and content of important areas such as training and community-based approaches.

Evaluation of the Mobile War Trauma Team

BACKGROUND

The Situation of Children in Angola

Angola has been at war since gaining independence from Portugal in 1975. Although the war paused briefly in 1991-92, it assumed worsening proportions following elections in late 1992. It is estimated that more than 100,000 people died from direct shelling or siege-induced starvation and malnutrition in the year following the resumption of armed conflict. At the same time, the number of land mine victims soared to 70,000, estimated by the Economist Intelligence Unit (1995) to be the highest number and per capita rate of any nation worldwide. As in many contemporary intra-state wars, the overwhelming majority of casualties have been civilians, mostly women and children.

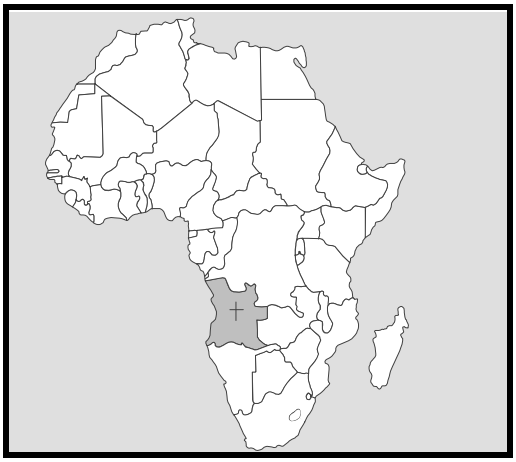

Figure 1: Location of Angola

The renewed fighting amplified problems of hunger and poverty throughout Angola and created huge waves of displaced people. According to U.N. estimates, the number of internally displaced people rose from 344,000 in May 1993 to 1.2 million by September 1994. As people sought refuge from the war, the population of Luanda, a city built to accommodate 500,000 people, swelled to approximately 3 million people.

Children have borne the most profound impacts of the war. According to 1993 statistics, some 500,000 children have died as a direct result of the war--a rate of 4,000 per month.[1] Nearly half the 1.2 million displaced people are children under the age of 15, and it is estimated that 100,000 children were orphaned or separated from their families following the renewal of hostilities in November 1992. The fighting amplified economic stress, increasing the problems of family

[1]Instituto Nacional da Criança (INAC), National Symposium on the Child: Declaraçao Sobre a Criança Angolana.

breakdown and hunger and eroding social services. By 1993 UNICEF estimated that nearly 840,000 children were living in "especially difficult circumstances." More recently, UNICEF estimated that 320 of every 1,000 children die before reaching the age of five, and that 195 of these children are under one year of age. In Luanda, child and infant mortality rates increased by 20 percent in 1993-95 due to malnutrition. In addition, the number of street children and those living in children's homes has risen sharply, and intense strains have been placed on programs for child tracing and family reunification.

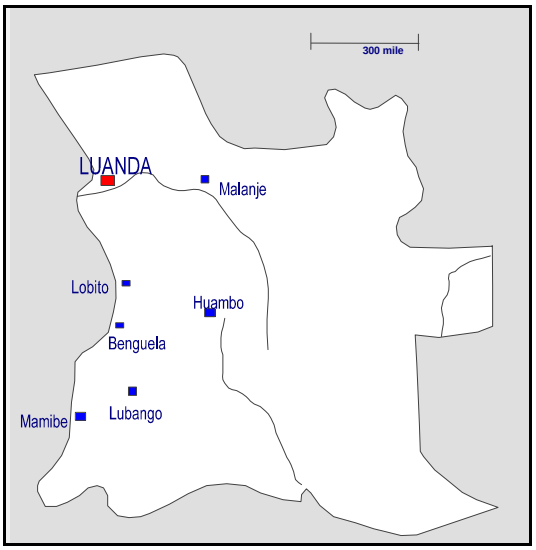

Figure 2: Map of Angola

Angolan children have been impacted severely by trauma associated with their war experience. In a 1995 study of 200 children from Bie, Huambo, and Luanda provinces by the Mobile War Trauma Team (MWTT) of the Christian Children's Fund, it was reported that 27 percent had lost their parents, 94 percent had been exposed to attacks, 66 percent had witnessed mine explosions and 5 percent had been victims, 36 percent had lived with troops, 33 percent had suffered injuries by shooting or shelling, 65 percent had escaped death, and 7 percent had fired guns. The same study indicated that these war experiences exerted a powerful psychological impact on children, who exhibited trauma symptoms such as fright and insecurity (67 percent), disturbed sleep (61 percent), intrusive images (59 percent), frequent thoughts about war (89 percent), and sensory-motor disturbance (24 percent). Moreover, 91 percent of the children in the sample exhibited three or more symptoms of trauma.

Trauma on this scale is a significant source of suffering and a severe impediment to normal psychosocial development and functioning. Left unaddressed, these traumas set the stage for the continuation of violence. Much psychological research has established that children who have been exposed to violence or who have been victimized directly are themselves at risk for future involvement in violence. Healing the wounds of children's traumas must be a high priority if a civil society is to be reconstructed in Angola.

Program Background

The Christian Children's Fund (CCF) has worked in Angola only since the beginning of 1994. Prior to undertaking the present program, OFDA supported a Luanda-based feeding, health, and educational program, the Child Health and Nutritional Rehabilitation Project. During 1993 CCF developed a project to assist children traumatized by the effects of the war and by early 1994 had prepared a final version of the Mobile War Trauma Team project. It hired Carlinda Monteiro, an

Angolan psychologist formerly with the Ministry of Rehabilitation and Social Reintegration (MINARS), as regional technical advisor, and secured funding from ASDI along with small contributions from the Bernard van Leer Foundation and UNICEF. The program proposed to begin in Luanda, with a view toward national expansion if it proved effective and additional funding became available. It further proposed to institutionalize its approach through involvement of MINARS, the Ministry of Health, the Ministry of Education, and the national medical school, as well as several national and international NGOs. U.S. funding became available in September 1995.

MWTT PROGRAM GOAL AND OBJECTIVES

The project goal is "to increase the capacity of professionals, paraprofessionals, parents, and youth leaders who work with children and youth living in war-torn Angola to:

- Recognize psychological trauma in those children and youth who have been exposed to the violence of war

- Assist children and youth who are victims or witnesses of violence to express their feelings and develop coping strategies that enable them to understand and integrate their experiences

- Cope with their own feelings about death, dying, and the violence of war and deal with the stress resulting from working in dangerous environments."

The project had the following objectives in its first year:

- Reach key professionals working with governmental and nongovernmental programs serving children and youth in Luanda, Angola, with a comprehensive program of training and follow-up technical assistance in understanding the psychosocial needs of children, techniques for dealing with the stress of exposure to the chronic violence of war, and methods for developing the coping capacity of children and youth with whom they work.

- Provide key professionals and paraprofessionals with the administrative, curricula, and material support to enable them to effectively employ the new techniques learned.

- Identify, analyze, and bring to the public domain significant public policy issues that impact (a) the provision of psychosocial services to children and youth in Luanda, (b) the level of safety and protection provided to children and their families living in war-torn Angola, and (c) the nature of support provided to staff who work in the chronic situation of armed conflict in Angola.

- Evaluate implementation of the training and public policy components of the project, identify the major lessons learned, and disseminate the findings to relevant professional groups and key governmental and nongovernmental organizations.

- Refine a tested model for expansion to additional cities and villages outside Luanda.

SCOPE OF WORK FOR EVALUATION

The evaluation team consisted of an anthropologist and a psychologist. They were asked to assess the degree to which the project[2] had achieved its objectives and targets, identify strengths and weaknesses in project design, assess achievements in implementation and management, record lessons learned, and make recommendations for the program as it moves into its next phase. Specific areas to be addressed included the process and impact of training, achievement of training and other objectives with project beneficiaries, staff and management issues, and project sustainability. The team revised the scope of work somewhat to deemphasize management (see section below) and to allow time to assess the cultural appropriateness of the approach (including the Western-derived psychosocial intervention model and scales used to assess children) and the degree to which a participatory, community-based approach had been developed. The team believed that these areas of investigation were crucial to project sustainability and overall success; moreover, very little about these issues appeared in the project documentation in English to date.

Because the two-person evaluation team spent only slightly over one week in Angola, methods were limited to a small but representative number of field visits, interviews and meetings with the MWTT staff and with trainees and others in local communities, some direct observations, and review of relevant project documentation including training materials and a recently completed internal evaluation of the project for the initial donor.

PROGRAM CONSTRAINTS

Before turning to program design, it seems useful to look at some general constraints to program implementation and, for that matter, policy impact.

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[2] "Project" is used to refer to a specific set of goals, objectives, activities, and so on, funded by a particular donor, as distinct from "program," which denotes the broader, more general, ongoing activity that might involve more than one source of funding.

The Priority of Children's Psychosocial Needs in a War-Ravaged, Poverty-Stricken Country

One issue that hampers program success is that the plight of traumatized children is not viewed as a high-priority problem, either by government or by local communities. Both are more concerned with the more immediate problems of the lack of food, water, shelter, medicine, jobs, and money. It must be understood that people showing an interest in a child welfare program or any other program may well hope to translate the connection with a foreign NGO and the acquisition of new skills/training into a way to satisfy these more pressing problems. Meeting the psychosocial needs of traumatized children represents the agenda of a foreign NGO.

The Angolan staff implementing such a program are put in a curious position. On the one hand, they have been sensitized to the seriousness of the problem through their training and backgrounds of working with children. On the other hand, they can't help but identify with their fellow citizens in wretched circumstances, such as those in a camp for the displaced, who plead for helping children by helping parents to meet the basic human needs of all members of the community.

Of course, there is much value in this approach. Even Nancy Dubrow, who has provided some of the only technical assistance to the MWTT, as well as "technology" in the form of the exposure and impact scale assessment instruments, noted that positive changes in traumatized children result from more than psychosocial interventions: ". . . a number of other factors will influence children's progress," including normal maturation in a nontraumatic environment, having their basic needs met, and so on. Yet the MWTT program lacks the resources to address the subsistence needs of children with psychosocial problems, let alone those of the broader community. The best that can be done under the circumstances is to try to link a community with other resources that may be available, such as food aid and complementary government and NGO programs. The MWTT is in fact establishing such linkages in several areas where it is working.

The Appropriateness of the Psychosocial Intervention Model

Some of the project documents including quarterly reports seem to assume and affirm the value of encouraging children "to freely relate their experiences in a trusting and secure environment" in order to let go of "anger, frustration and rage" (quoted from p. 2 of the 1994 CCF "co-financing proposal"). One quarterly report lists as a desirable evaluation outcome that a "majority of children narrated their experiences, even the most painful."

Is this is the best approach? Or are we pushing a Western approach that could be at odds with indigenous models of healing? Indigenous "psychotherapy" for war-traumatized children in Mozambique seems to consist of a single "cleansing" ceremony, attended by family members and the broader community, during which a child is purged and purified of the "contamination" (also sin, guilt, avenging spirits, and so on) related to war. These ceremonies are full of ritual and

symbolism shared by participants in the various cultures of Mozambique. What the biomedically trained call PTSD symptoms seem to disappear shortly after these ceremonies, after which indigenous leaders direct attention toward helping to establish an enduring, trusting relationship between the traumatized child and adults of good character. It may be that there is insufficient research on such an indigenous, alternative method of psychotherapy for PTSD children. Nonetheless, it is important to know that such "treatment programs" might exist. Preliminary evidence, including that gathered by the evaluation team at a community meeting, indicates that the same indigenous therapies are in fact used in Angola.

Clearly, more needs to be learned about indigenous healing ceremonies in different parts of Angola in order to gain deeper insight into indigenous thinking about the effects of war and ways to heal and to find specific ways to adapt the psychosocial intervention model currently in use (including, perhaps, adoption of the language, metaphors, and symbolism of indigenous rituals and theories). As a beginning, it would be useful if one or more team members could directly observe a child healing ceremony and include a written description of the ceremony in program documentation.

It has been found worldwide that PTSD children do in fact express feelings related to unutterable horrors of the past, but indirectly, and in certain "safe" contexts, such as games, sports, and drama enactment. If this occurs in Angola, it may be a way of reconciling Western-derived methods and indigenous Angolan approaches. It would also point to ways that CCF might help communities, families, and those in more formal child care positions to learn to work with children in story telling, drawing, dance, games, working with clay, and dramas--activities that are culturally appropriate and that allow the child to express, or hear others express, feelings and concerns about painful life events.

Returning to the broad question about the appropriateness of the psychosocial model in use, MWTT quarterly reports have mentioned problems in adapting the exposure and impact scales to local children. These scales were developed by consultant Dr. Nancy Dubrow and Dr. Magna Raundalen as part of work they did in Liberia for UNICEF. The scales embody acceptable knowledge and practice in contemporary psychological work on trauma, although they derive mostly from work done in the West. The MWTT had hoped that the exposure scale would provide a reliable measure of children's experiences with trauma. By administering the impact scale before and after its training, the MWTT had hoped it would be possible to measure the effects of the training on children's traumas. But the MWTT soon realized that these measurement instruments were not adapted to the local situation. Accordingly, the MWTT simplified, modified, and generally adapted these scales to the level of training of those trained under the program, to actual exigencies of data gathering in diverse Angolan settings, and to the social and cultural environment. While these adaptations result in problems of comparability of pre- and post-test data, the evaluation team believes that such a process was necessary.

PROGRAM DESIGN

The MWTT itself identified a number of constraints and weaknesses in project design (see *Relatório Final*, October 1995, pp. 10-22), including:

- The project was designed without deep knowledge about the realities (of actually implementing the program in diverse Angolan settings).
- The second program objective is a bit vague.
- The numerical objective established for direct and indirect beneficiaries is unrealistic (more for the latter, children).
- The program partners originally envisioned are not very involved.
- The implementation strategy is not very workable.
- Training materials in the area of therapeutic techniques are inadequate, as is the budget for this.
- The general plan of action is unrealistic.
- The evaluation plan for children is not very workable.

The evaluation team believes that the major design weakness was the lack of a specific plan for developing a community-based approach, despite the growing literature on this approach, even pertaining to children in war-torn African nations. Another weakness was the lack of a specific plan for modifying the intervention model and accompanying testing and research instruments to the local culture. There were also minor weaknesses, such as the failure to budget for basic supplies for trainees.

Fortunately, the MWTT was unusually resourceful in overcoming these design weaknesses and developing a workable, culturally appropriate approach.

Baseline and Formative Research, Internal Evaluation

An evaluation plan was established with a pre- and post-test design. The major program activity, which can be quantified, has been training of certain categories of adults in a position to assist in the amelioration of the psychosocial problems of war-affected children, for example, teachers, social workers, those who run children's homes, and leaders of local communities. The last group is the largest single group, and it may be expected to grow proportionally as the MWTT moves more into rural, provincial areas. Together, these adults are the immediate project

beneficiaries, and the training target is 500. The ultimate beneficiaries are an estimated 37,500 children, based on the estimate that each adult will reach 75 children (this number proved an overestimate, as discussed below).

In relation to program objectives 3 and 4, a study of war-traumatized children was carried out using two instruments: an exposure scale and an impact scale of war. The purpose of this initial study was to have a baseline of the psychological, social, and related characteristics and conditions of children prior to program interventions as well as to learn more about the children in order to finetune training and related program interventions and be able to better explain the purpose and approach of the program to policymakers, trainees, community members, and others.

Two hundred children were interviewed in three provinces, as well as 170 adults who presumably possessed some special knowledge of the problem. Findings showed that high percentages of children were exposed to attacks, witnessed mine explosions, escaped from death, lived with troops, and suffered various injuries. As a result of these experiences, high percentages of children exhibited multiple symptoms, such as frequent thoughts about war, sleep disturbance, fright and insecurity, and intrusive images. Inasmuch as this study was the first of its kind in Angola, publication of the results should be seriously considered. These and other findings were presented at a MWTT-organized workshop on the psychological effects of the war on children. The minister of education, a state secretary, three vice-ministers, and various other government officials attended, along with religious leaders, NGO officials, doctors, lawyers, and educators.

As discussed earlier, there were several modifications of the impact and exposure scales. Although necessary and appropriate, these modifications resulted in noncomparability of findings between the baseline data (the exposure scales applied to 10 percent of the population of children expected to benefit from each training session) and impact testing (application of the scale to 10 percent of the same population six months after the training session). In addition, it was not possible to test the numbers of children anticipated because of the volume of work. Thus, there have been difficulties overall in measuring the impact of the work on children.

To supply wider baseline data than the application of the scales would have provided, a small study with 200 children was conducted. While very useful, a further methodological issue is the non-random selection of the sample of children for the study.

PROBLEMS IN PROGRAM IMPLEMENTATION

The MWTT identified a number of constraints to project implementation (see *Relatório Final*, October 1995, pp. 10-22), including:

C Progressive deterioration of life and economic/employment conditions of trainees.

- Lack of motivation on the part of trainees who cannot survive on low government salaries.

- Official GOA policy that children's homes are the last resort is not being implemented.

- Problems in institutional settings including (1) inability to meet the basic needs of children; (2) selection of personnel; (3) recent (or unprecedented) rise of problems such as drug and sexual abuse in orphanages; (4) lack of staff able to deal with youth and adolescents; (5) "aggressive" discipline of children by adults and aggression between children; (6) little awareness on the part of adults of the importance of attending to the psychological and emotional needs of children; and (7) lack of coordination and definition of a policy of caring for street children.

- Low level of capacity of national NGOs.

RESULTS: OVERALL PROGRAM IMPACT

Meeting Training Targets

The MWTT/CCF has just completed an internal evaluation (in Portuguese) for the principal donor for its first year, ASDI (Swedish Development Cooperation). A copy of the *Relatório Final* (October 1995) is being forwarded to USAID/Washington and TvT Associates with this evaluation report. The MWTT/CCF evaluation was based in part on systematic data gathering of exactly the sort that the evaluation team would have carried out had there been enough time. Some of the important summaries and findings follow here.

The training objective in the first year was 500 adults in certain care relationships with children. Of 574 people trained, 51 percent were men and 49 percent women (see table 1).

Table 1: Training Accomplished

Group	Number of Sessions Held	Number of People Trained	Percentage of Total
National NGOs	4	92	16
Children's homes	5	89	15
Local leaders at camps for dislocated people	6	159	28
Training institutes: social workers	1	34	6
Social Work Ministry: Trainers	1	12	2

Group	Number of Sessions Held	Number of People Trained	Percentage of Total
Social Work Ministry: Child care workers	1	23	4
Community agents/DW	1	21	4
Africare staff and their teachers	1	19	3
Institute of Teacher Training	3	125	22
Total	23	574	100

Some 14,950 children were reached by the program: 4,372 dislocated children, 2,110 separated children or street children, 7,517 school children, and 951 children of preschool age. In addition to initial training, there were 82 follow-up and technical assistance visits and 21 evaluation meetings with trainees (see annexes of *Relatório Final* for details). The MWTT believed that local-level activities with children would not have been attempted in many cases had trainees not seen that MWTT intended to provide continued support and encouragement.

A training evaluation scale was also used by the MWTT. A random sample of 10 percent of the trainees was interviewed during the last month of the program year, on average, six months after the initial training. Responses showed trainees' considerable enthusiasm for the training. Ninety-eight percent said it allowed them to identify children with post-traumatic stress disorder (PTSD); 91 percent said it allowed them to improve behavior among PTSD children; and 96 percent said they were able to have a better relationship with the children. The response dropped to 80 percent when trainees were asked whether they were now better able to satisfy the psychological and emotional needs of traumatized children (indicating, we think, the difficulty of doing this adequately, perhaps especially in the case of street children and those in institutional settings). Seventy percent of the sample rated the training "very useful" and 30 percent rated it "useful."

The sample of trainees was also asked about the impact of their program-guided work on children. The following changes were noted among the children:

- Improved child-child and child-adult relationships
- Decreased sleeping problems
- Diminished isolation behavior
- Progress in psychomotor development among younger children
- Greater participation among children in institutions
- Diminished violence between children
- Manifestations of greater certainty and trust in the future
- Decreased bed-wetting

The MWTT added to this list, based on their own observations:

- Reductions in stress reactions
- Reduced degree of aggressive behavior
- Increase in awareness and in cognitive and affective response
- Reduction in concentration problems
- Reduction in psychosomatic illness
- Improved perspective in relation to the future

In addition, a sample of children impacted by the project was interviewed a second time. In spite of some methodological problems in obtaining a random sample, and ignoring the issue of whether it is desirable to interview the same children a second time, the findings (see quarterly report, April-June 1995) showed that:

- The majority of children were able to narrate their experiences, even the most painful ones.
- Less aggressiveness was evident.
- Perspectives on the future were improved.
- There were improved responses to questions pertaining to emotion, cognition, and sensitivity.
- There appeared to be a reduction of psychosomatic illness.
- There appeared to be a reduction of concentration problems.

The children reached by the program fall into the following categories: 50.5 percent in schools, 29.3 percent in dislocated camp areas, 14.1 percent in children's homes or in street children programs, and 6.1 percent preschool age children.

One might question whether activities and other interventions for war-affected children are spread too thinly if all children in the local community participate. Group activities such as sports, dances, and story-telling, and those involving schools or preschools, would necessarily involve more children than those directly affected by the war and who are or recently were symptomatic with PTSD. We believe this mixing of both types of children is entirely appropriate and congruent with the healing process of children. Children affected more directly should not be treated differently or separately from the others. To do so would set them apart in the eyes of other children, possibly reinforcing their stigmatization and adding isolation by the group to the problem of self-isolation. The goal is to reintegrate such children with "normal" children (although most children in Angola were affected by the war, at least indirectly) and to create a stable, secure, predictable, culturally familiar environment in which children can gain a sense of competence and begin to heal.

Sustainability and Cultural Appropriateness

Experience has shown that programs that address the psychosocial needs of war-traumatized children are focusing on a problem that is recognized in a general way by the families and communities that shelter these children, even if the problem is not accorded as high a priority as some child specialists might think it ought to be. This means that families and communities will already be taking actions to address this problem in some way even before there is outside assistance. Clearly, it makes sense to begin by finding out what is already being done, to assess how ongoing efforts differ from or reinforce the kind of interventions that might follow from a Western-derived model of healing, to determine how the Western model might need to be modified to cultural realities and ongoing activities, and to find the best way to build on what is already in place. In so doing, one must neither destroy what is already effective nor create even more dependence on outside resources.

Although such an approach is not apparent in project documentation, it is clear that more has gone on than is reflected and recorded in program documentation. With little or no guidance or feedback from program funders to date, the MWTT has concentrated in its reporting (but, fortunately, not in its activities) on producing numbers it thinks the donors expect: number of workshops, number of people trained, number of exposure scales completed, and so on. Yet because the team is sensitive to the need to learn from those whose behavior they are trying to influence, they have developed a community-based approach step by step as they have worked in various types of communities, including *deslocado* camps and peri-urban neighborhoods.

Some might question whether these constitute communities in any true sense. They do. Camps are organized much the same way that villages are: They are headed by one or more matrilineally descended chiefs (*sobas*), who are advised by a council of elders representing the various families. The *sobas* are assisted in health and spiritual matters by traditional healers (who may also have been *sobas,* or perhaps healers were described to us as *sobas* since this term conveys the idea of "leader"). These three roles are found virtually everywhere in Africa, including refugee camps and peri-urban neighborhoods.

We wish to focus on experience in the *deslocado* camp we visited because it illustrates many of the factors that are important in a program of this sort. The camp consists of large tents inhabited by groups of kiKongo speakers who fled wartime conditions in Uige. The MWTT found initially that communication was difficult and that some influential-looking people were not participating in early meetings. It seems an early food distribution had been handled in a way that went contrary to camp practice. When the leaders were identified and the team promised to use them as distributors the next time, communication and attitudes improved noticeably. When the evaluation team made a visit with the MWTT and asked questions in a respectful manner about traditional healing rituals for traumatized children, the chiefs/healers opened up (through kiKongo translation to Portuguese) and provided very valuable information about how Angolans--when left to their own devices--handle war-traumatized children. The elders said that as far as they know, only the details vary among ethnolinguistic groups in Angola; the basic cleansing ritual remains the same. The ritual is the same for soldiers who "take off their uniform"; it is not

special for children. Until recent years, however, children did not participate in war. This information is entirely compatible with findings in Mozambique by Green, Williamson, and Parente (1992) as well as anthropological studies of psychological and social reactions to war in that country by Honwana, Marrato, and others.

Basically, an ex-combatant or a child who has assisted in bloodshed or has seen bloodshed is seen as affected negatively. There is a ritual ceremony in which family members must assist. Special leaves (locally available, including at markets) are used, and the child is sprinkled in a special way with a decoction made from these. Instruments of war (guns, machetes, and so on) are also sprinkled and purified. The child or ex-soldier also drinks some of the medicine. The individual may be asked about his or her war experience but is not forced to talk about it. The ceremony continues in either event. The patient is thus "cleansed" and told "to forget." In a final part of the ceremony, children and ex-combatants are instructed not to fight and to become normal, peaceful members of the social group. The cleansed person must not eat fish or fowl for one to two months, after which he or she is reintroduced to the food by the traditional healer who officiated at the cleansing ceremony.

The elders we consulted seemed unanimous in saying that the ceremony always worked. We believe we can take such a statement as a normative expression of the value of a healing system based on faith, spiritualism, magic, and religion; it should not be taken to mean that psychosocial symptoms that might appear after such a ceremony are never seen or acknowledged. One way the healing process was characterized was "pulling out the bad spirits" in order "to forget the bad experiences." Modern medicine was said to be unable to achieve this result (note the implication for Western-style psychotherapy in the eyes of these people). If children or ex-soldiers do not undergo cleansing, it is believed that they can go "mad" or remain that way. We must acknowledge that "forgetting" and burying thoughts and experiences more or less permanently would appear to be a goal at odds with the Western psychotherapeutic model in which expression of painful memories and feelings for an indefinite period is viewed as central to recovery.

It is important to note that the group believes that normalizing traumatized children also requires teaching them the things that children of this social group traditionally learn. Part of this learning (one suspects an essential part) occurs during puberty ceremonies, which for boys includes circumcision. Instruction in the roles, responsibilities, and mysteries of kiKongo adulthood are transmitted in this ritual setting--further evidence that even when rural Angolans live in tents in suburban camps for displaced people, their culture remains very much alive.

The elders definitely saw a role for CCF assistance, including in sensitizing them to the thoughts and feelings of the child--but especially, it seems, in helping in the social part of the psychosocial effort. Since the training, there are regularly scheduled activities for children of the type suggested during training: games, drawings, sports, story telling, drama, and role playing. Some of the latter involve dividing the children into two armies and reenactment of how children were forced into military service.

One man told us, "We have set up a school, and we demand fixed, disciplined hours. We now have activities that we run at specific times." Another man said they wish to work together with CCF to "achieve cohesion" between traditional and modern healing methods for children. We asked about the plight of street children or those who live in children's homes. It became quickly evident that these folk have little idea what Angolan children's homes are like nowadays. They seemed to think these homes are missionary-run boarding schools where children are well fed and educated. When the real conditions were described, the group saw that children in such settings are in fact suffering. They offered to conduct cleansing ceremonies for any children brought to them (presumably, such ceremonies would be most effective if officiated by specialists of the same ethnolinguistic group as the child) or to go to the children in town.

Some summary comments from the *deslocado* group: "CCF taught us to adapt local methods; they helped us to use our own methods. They valued what we did. There were children who were violent, but now they are better. They play and communicate better."

On the basis of this and many other observations (see especially the section on curriculum development), the MWTT is developing a community-based approach, under extremely difficult circumstances and through a participatory, reciprocal process. The circumstances are difficult because (1) the program is being implemented under conditions of extreme poverty and lack of resources; (2) there is some resistance among educated Angolans (including some trainees) to the idea of respecting and building on exotic, "primitive" practices such as healing ceremonies carried out by traditional healers for children (although, fortunately, the Ministry of Rehabilitation and Social Reintegration [MINARS] is supportive of this approach); and (3) as in Mozambique, such an approach is not the way programs have been designed or implemented for most of Angola's post-independence history--the government knew best what the rural folk needed. The MWTT did not begin with a community-based assessment at the outset because MINARS asked that initial emphasis be focused on street children and those in children's homes, making "discovery" of community and culture more difficult, and because specific encouragement and assistance in this area was lacking.

The MWTT's enthusiasm and skill in developing a community-based approach appear to have grown with its experience in program implementation in noninstitutional settings. The MWTT is moving increasingly toward routine initial needs assessment and joint identification of problems and solutions with leaders of local communities, such as chiefs and traditional healers. This approach is expected to become even more important as the MWTT expands into the provinces in the future. The evaluation team strongly supports this approach and will seek to find ways to assist in its further development.

Institutional and Street Settings

Can a community-based approach be implemented by the MWTT in an institutional setting such as a children's home? The evaluation team discussed this question with Sra. Gigi Inglês, director of the Kwzola Children's Home in Luanda.

Before the MWTT training, the children's home staff did not know how to handle children with special needs and problems related to war or other violent, disruptive experience, the director said. The director was emphatic in telling us that the training she and her staff received was very useful in several ways: sensitizing staff to the needs and problems of traumatized children; showing ways to work with children who are withdrawn or silent or exhibit other symptoms; and raising staff morale. Since the training, and through a process of encouraging games, drama, expressive drawing, story telling, and dancing, children with PTSD-type symptoms had become noticeably better. Several case histories were recounted.

We were interested to learn about Sra. Gigi's knowledge and opinion of the traditional healing ceremonies for children living in noninstitutional communities. She appeared to be well aware of their value and recounted a story of what outsiders might call a case of group hysteria (we had heard this story earlier from the MWTT regional technical advisor). One night a boy claimed he saw a ghost; a number of other boys believed they saw the same ghost quickly thereafter. Fear spread like wildfire through the children's home. One older boy knew a traditional ceremony to dispel ghosts by a process of fumigation. This was done, and all the children quickly returned to a state of calm; soon they were all asleep. This story illustrates the importance of indigenous beliefs and ritual problem solving, even in an institutional setting. We must ask ourselves: What other intervention would have been so effective and so quick?

Sra. Gigi said that she was open to the idea of accepting the assistance of ritual specialists who can perform funeral and healing ceremonies. In principle, she is in favor of a collaborative approach that builds on culture and combines traditional healing methods with modern psychosocial methods.

It should be noted that the children's home staff is paid around a dollar a month by MINARS. Staff with marketable skills such as sewing, washing, or driving must take on outside work to survive. The regular child care staff had in the three months prior to our visit been allowed to take leave from work every other day to engage in petty trading to supplement their paltry incomes. It should also be noted that staff time is sometimes spent finding ways to obtain food, water, or clothing for the children under their care. These basic provisions are supposed to be supplied by MINARS, but it has provided them irregularly. Salaries as well are often a few months in arrears. These incredibly difficult economic circumstances must always be kept in mind when assessing program progress.

TRAINING PROCESS AND CURRICULUM

To understand the nature and impact of the training activity, the program's main intervention, it is useful to consider how the MWTT staff itself was trained and how it developed its own curriculum and adult education training methods for use at the local level.

Preparation of the MWTT

Each of the members of the MWTT had extensive experience working with children and a detailed understanding of child development in Angola. The team leader, Carlinda Monteiro, studied social work and psychology, worked for 16 years in MINARS, and served five years as head of the Department of Child Welfare. Julia Antonio, formerly a kindergarten teacher, worked for 10 years in the Children's Department of MINARS and served five years as head of MINARS's Department of Orphans. Filippe Costa, formerly a student in the seminary, worked for two years in MINARS's Training Institute. Carla Queiroz studied psychology in Cuba and worked for three years in the Ministry of Education, focusing on special education for visually handicapped children. Fernanda Santos, a physician, worked on vaccination projects with Africare in Angolan provinces. Because this entire team is Angolan, it was well positioned from the start to understand local realities, form durable relationships with Angolan communities, and develop culturally appropriate training and curriculum materials.

The preparation of this team to conduct training occurred in two steps. As team leader, Carlinda Monteiro developed the curriculum and conducted a two-week training of the three initial team members (Ms. Antonio, Mr. Costa, and Ms. Santos). It had been planned that Dr. Nancy Dubrow, the main U. S. consultant for the project, would conduct the training, but she was unavailable at that time. In retrospect, this timing problem turned out to be advantageous in encouraging Carlinda Monteiro to draw extensively on her own knowledge of Angolan culture and to adapt Dr. Dubrow's training materials to the Angolan context.

The MWTT team members also sat in on the initial training for local groups. Further, there were discussions between Ms. Monteiro and other team members after each training, as new ideas were examined and incorporated into the training program and as the evaluations of the training sessions were reviewed. Dr. Nancy Dubrow visited in November 1994 and talked at length with the MWTT, observing one of their training sessions. This visit enabled the team to ask questions about how to handle difficult cases and to explore ways of blending Western and traditional concepts and methods concerning development, trauma, and healing.

Training Curriculum

The basic training curriculum, prepared by Carlinda Monteiro in conjunction with the members of the MWTT, evolved through a process of participatory training and dialogue with local groups participating in training. The curriculum is laudable and innovative in several respects. First, it is a highly original synthesis of scientific concepts and traditionally based methods of healing and concepts about social functioning. For example, the curriculum covers

well-established scientific concepts of trauma (based on two chapters of Dr. Dubrow's *Understanding Children and Violence: A Psycho-social View*) along with diverse methods of healing trauma, including traditional burial ceremonies that help to heal trauma and that, if neglected, are themselves a major source of stress. Rather than simply presenting the burial ceremonies, the curriculum explores their social functions via an analytic framework that is based on local knowledge but congruent with the work of Durkheim, Weber, and subsequent behavioral scientists. The success of the curriculum in blending Western and traditional concepts is no small achievement since there is no roadmap for making this synthesis. Without this synthesis, serious questions would remain about the applicability of concepts and methods derived in the West to the Angolan context and about whether the trainees would use ideas and tools that did not fit with traditional culture.

Second, the trainers adapt the curriculum to the needs and experiences of the particular group being trained. For example, if the trainees were people from a displaced persons camp, then the trainers placed special emphasis on the needs and problems of displaced children. Similarly, if the trainees came from a region where it was customary to employ special burial rituals, then the subsequent discussions of loss and mourning were informed by examples from that region. This adaptation is particularly impressive in light of the diverse situations the trainees came from. In addition, most trainees had very low levels of formal education, and considerable ingenuity had to be exercised in avoiding psychological jargon and in making the curriculum accessible to the trainees.

Third, the curriculum embodies a logical progression of topics and ideas. It initially established a solid conceptual foundation concerning the basic needs of children and developed a schema of children's healthy psychosocial development showing the main influences on children's lives (see annex B). Turning then to the subject of war, the curriculum related children's war experiences to trauma, identifying the main symptoms and showing how the level of trauma depended on factors such as the child's age, developmental level, and beliefs; the availability of parental support; the level of destruction experienced; and the child's understanding of what happened. Next, the participants examined a wide spectrum of healing methods, such as communication in a supportive environment and indirect methods of expression through drawing, games, singing, dancing, and story-telling. Traditional methods included a broad array of burial ceremonies and healing rituals, among them symbolic ceremonies of the kind that could be used by displaced people unable to complete the burial ritual at the customary time and place. The curriculum then completed the cycle by analyzing the harmful effects of violence on children in light of what had been learned previously about child development. It concluded with an analysis of conflict resolution in children, an important subject in light of the need to avoid retraumatization through violence. The development of this coherent progression of topics and the establishment of the interconnections between them clearly reflected the work of master teachers.

The curriculum took a holistic approach that fits well with the best ecological models of development constructed in the West (for example, that of Bronfenbrenner). This holistic approach was particularly important in helping trainees to understand the multifaceted needs of children in circumstances of war, and it readily accommodated the spiritual elements of development often neglected in the West but highly prominent in traditional culture. This was particularly important since it cannot be assumed that Western models of development apply directly to the African context.

Throughout the training, the curriculum was developed and applied in a manner that honored and drew on the knowledge of the trainees. If a trainee discussed the use of a particular traditional method of healing trauma, then the trainers prepared a brief written description of that method, which then became an example that might be brought up in subsequent training sessions involving people from similar regions. This approach was instrumental in making the curriculum culturally appropriate and the project more community centered. The training curriculum developed by the MWTT is so strong that it stands as a model that should be used in addressing similar problems in other African contexts.

Training Methodology

The training methodology, which evolved through experience with diverse audiences, is best described as highly innovative, participatory, and appropriate in its design, diversity, and depth. Typically, a training session involved two trainers working with a group of 20 to 25 trainees for several hours each workday morning over a period of two weeks. Training was conducted at the site where the trainees worked with children, allowing the team to learn first hand about the conditions at the sites and to establish relations with the local community leaders. To communicate respect for the local community, the team often offered light refreshments.

The participatory quality of the training was apparent in each stage of the training process. For example, in the analysis of healthy psychosocial development in children, the trainers avoided a passive lecture methodology in favor of a method of active discussion in which the group constructed its own schema of the most important factors in children's healthy psychosocial development. This methodology stimulated active involvement, drew on the participants' knowledge, and communicated respect for the experiences and insights of the participants. Since the adults often approached this task by asking what made themselves happy or sad, this methodology also helped trainees to develop empathy with children.

The development of empathy was also stimulated by the use of role plays, which generated considerable excitement among the participants. In one role play, an adult was blindfolded and allowed to experience the dependency and reliance on others that children commonly experience. The blindfolded individual was asked questions designed to heighten awareness of how it feels to be in a dependent position. In another role play, each person in the group was blindfolded and asked to hold hands with a partner, with the two people standing face to face. Then the

participants were asked to turn around without letting go. The resulting conflict was used as an occasion for reflection and discussion about different ways of responding to conflict.

The training team also created diverse methods for illustrating important concepts and providing experiential learning of abstract subjects. To illustrate the problems of rebuilding following war, for example, the trainers used a game in which each trainee spent a full minute tearing up a newspaper article into small pieces. When the trainees were asked to reassemble the article using the pieces, they discovered that what is completely undone in one minute takes much longer to put back together. This game was a useful metaphor for communicating the severity of the psychosocial damage done by war, and it stimulated useful discussion of the difficulty of rebuilding trust, security, and an environment in which healthy development can occur.

A crucial part of the training process was the co-construction of the knowledge base by trainers and trainees. Throughout the process, the trainers avoided presenting themselves as the final authorities and communicated their eagerness to learn from the trainees. This not only signaled respect but also enabled the training team to continue its own learning about traditional culture and to assimilate new insights and cases into its training materials. In this sense, the training process was community-oriented: It respected and incorporated local knowledge, invited participation by local people, and built vital connections between the trainers and the local community.

In preparing people for doing work on trauma associated with violence, it is axiomatic that people who plan to do healing must first come to terms with their own emotions regarding issues of loss and violence. In addition, adults who want to help reduce problems of violence-induced trauma must have an empathic understanding of the effects on children of violence at all levels. To stimulate this understanding and to help the adults process their own emotional experiences, the trainers asked, "What was the worst thing that ever happened to you?" This question evoked emotional discussion of the trainees' own experiences with violence and of the cyclical nature of violence. In this discussion, there was extensive attention to ways of breaking cycles of violence and to methods of nonviolent conflict resolution.

On the last day of the training, the trainees drew up their own work plans, examining a number of questions: Where are we now? Where do we want to go? How will we get there? How will we know when we get there? This planning was crucial in helping trainees create a vision for the future and enabling them to identify specific steps for translating that vision into reality. This method of planning for the future is highly appropriate since populations affected by war often experience problems of futurelessness and inaction associated with loss of hope and inability to discern concrete steps that might make a positive difference.

Throughout the training, strong emphasis was placed on tailoring the methodology and the content to the needs of the trainees. If a group of trainees had no direct experience with children

in war, then the trainers presented case studies or used videos such as "Chain of Tears" (where a number of war-affected children speak for themselves) to provide concrete information and to bring the subjects to life. In addition, the trainers adapted the pace of the training according to the needs of the learners. Most important, each group of trainees received and constructed information useful in dealing with traumas in particular populations and settings.

The construction of such diverse, interactive training methods was itself a significant accomplishment. As was the case in regard to curriculum, there was no roadmap for the training process used in this project. The team created it using considerable ingenuity. It is particularly noteworthy that even without the benefit of other training models, the MWTT developed a community-oriented process that respected community wisdom and values, encouraged dialogue with key members of the local community, and built the experience and insight from the local community into the curriculum, thereby enriching future training and advancing the process of integrating Western and traditional concepts and methods.

Follow-Up

From the outset, the training process was conceived as continuous rather than as a one-time affair. Around the world, people working on problems of trauma recognize the importance of providing follow-up to allow the trainees to ask questions, reinforce learning, maintain trainees' motivation, learn what worked and what failed, and ensure that the methods and concepts covered in the training are being applied in appropriate ways. For all these reasons, the MWTT conducted periodic follow-up visits with groups of trainees. Typically, two MWTT members participated in a follow-up visit, which lasted approximately two hours. Initially, follow-up visits occurred twice a month, but this number had to be reduced to one visit a month after many trainings had been conducted. On each follow-up visit, a record was made of the activities that had been implemented, adjustments to be made in the subsequent follow-up visit, difficulties encountered in the work, steps that the MWTT might take to address the difficulties, and improvements that were observed since the last visit.

Training Resources

The extremely poor economic conditions in Luanda and environs created a variety of resource shortages that had to be dealt with during the training process. For example, the trainers had assumed that trainees would have their own basic materials, such as paper, pencils, and notebooks, with which to work during the training sessions. When this assumption turned out to be incorrect, the MWTT exercised characteristic resourcefulness and ingenuity by turning to the Lutheran World Federation, which provided the needed materials.

Problems of limited resources run very deep in Angola, and they must be addressed if future work is to succeed. As noted previously, the dire conditions in *deslocado* camps made people there appreciate and respect the MWTT for bringing basic items with them to the training

sessions. In fact, the provision of such items was instrumental in building trust and rapport with the community. This approach will be very useful in extending the MWTT's work into the provinces, and it will require systematic collaboration with a variety of other NGOs to provide the necessary supplies.

Supplies can relate either to training or to general community development. The MWTT needs to discuss further its appropriate role in linking up local communities with outside resources to obtain, for example, building materials. Discussion should be internal initially, and then with organizations and agencies that might provide resources.

Selection of Sites and Trainees

The project included two key selection processes: the selection of sites at which to work and the selection of people suitable for training at each site. Each of these will be discussed in turn.

Since the goal of the project was to institutionalize training on the nature and impact of children's traumas associated with war experiences, the MWTT aimed to work with both the government and a wide spectrum of professionals and paraprofessionals involved in providing care for children. It was decided that a training session would be conducted at the Josina Machel Hospital, with the intent to build concepts of trauma and methods of healing into the curriculum on an ongoing basis.[3] In addition, a key decision was made not to work only with teachers since a large number of Angolan children are outside the formal educational system. Built into the project design was the idea that the MWTT should work with community leaders, health care workers, NGOs providing assistance to street children, teachers, youth leaders, and people working at many different levels in caring for children.

MINARS decided on the priority targets for training, and it placed a strong emphasis on children's homes and programs for street children since these were rapidly growing yet severely underserved populations. Unfortunately, this emphasis reflected a directive process of governmental decision making that ran counter to the more community-oriented approach that the MWTT developed. In addition, the emphasis on children's homes was problematic because of their deplorable conditions and the extremely low pay of institutional staff and the resulting problems of staff motivation. Moreover, rather than keeping children in institutions, intensive efforts at tracing and reunification or at placing separated children in foster homes or camps where elements of traditional culture remained would have been more effective. As progress is made in fulfilling the Lusaka peace agreement and as displaced people return home, it should be possible to move children out of institutions and the streets and to pursue more work in local communities.

[3] As of this writing, this training had not taken place due to difficulties in scheduling from the hospital side.

To its credit, the MWTT has made significant progress in developing a more sustainable emphasis in working in settings such as *deslocado* camps, where a community-oriented model can be used. This approach sets the stage for conducting work in the future in local communities.

The MWTT also selected training sites in accordance with its objective of forming wide networks with other NGOs and groups that might be helpful in developing comprehensive approaches to meeting the needs of local children and families. Before approaching a group or an NGO regarding the possibility of conducting training, the MWTT did an informal background check, asking people in the local community whether the group was trustworthy and appropriately committed to children's well-being.

The second aspect of selection was the choice of people and staff to receive training. Initially, the MWTT thought it would be possible to use criteria such as the completion of a particular level of formal education or previous experience working with children. These criteria, however, proved to be too limiting as they would have screened out large numbers of people whose assistance was much needed and who seemed by more subjective standards to be trainable and potentially effective caregivers. In addition, the use of criteria related to educational level would have posed obstacles to movement out to local villages, where rates of literacy and formal education are very low. Accordingly, the MWTT began using subjective criteria, such as a desire to work with children, good interpersonal skills, patience, and self-control. There were attempts at assessing reputation locally, by interviewing those familiar with candidates. As reported by members of the MWTT, these criteria were applied in a rather loose manner; exceptions were made if it seemed necessary and if it was likely that no harm would be done.

Although these selection criteria evolved out of pragmatic considerations, it is appropriate to note that different, more objective and systematic selection processes are likely to evolve as the MWTT moves into established rural communities and works in a more community-based mode. In the latter circumstances, it will be crucial for the MWTT to know how the trainees are viewed within the local community. In addition, as the project expands, it will be appropriate to try to evaluate actual performance as a check on the effectiveness of the selection process.

MANAGEMENT

Although management was listed as an assessment area in the evaluation team's suggested scope of work, the team believed this was a low priority, given the very brief time available, the important broad issues that needed attention that were not listed in the scope of work, and the team's lack of technical expertise in finance, budgeting, and administration. Moreover, CCF/Angola has hired a highly experienced full-time manager, who will address, and soon report on, these very matters.

The team's general finding is that the MWTT team enjoys good leadership as well as good communication and esprit de corps among staff. The evaluation team recommends, and the MWTT concurs, that future quarterly reports should contain more qualitative information about process and content of important areas such as training, including curriculum development and the community-based approach.

The evaluation team is hopeful that the recommendations of this report will guide the development of a more technically supportive relationship between CCF/Richmond and CCF/Angola.

PROGRAM SUSTAINABILITY AND INSTITUTIONALIZATION OF APPROACH

As noted above, the MWTT has developed a strong community-based, participatory approach based on cultural realities. CCF/Angola is in fact a leader in developing this approach in a country where such participation is relatively new. To the extent that it can continue in this direction, the MWTT program approach will become rooted in local communities.

In order to implement its program as well as to institutionalize its approach (and impact public and NGO policy, as discussed in the next section), the MWTT has made linkages with a number of organizations: MINARS, the medical school, and the Ministry of Education; multilateral organizations such as UNICEF; churches, such as Catholic and Kimbanguista; international NGOs, such as Africare, and Lutheran World Federation; and national NGOs such as ADRA, APV, GIRASSOL, ANAITUNGU, TRINDADE, A.C.I, A.Q., A.C.M., A.A.A.I., and A.B.C.D.

POLICY IMPACT

The Ministry of Planning set up a committee to draw up the National Plan of Action in relation to the Convention on the Rights of the Child in October 1995. This committee is coordinated by INAC and is made up of representatives of MINARS and the Ministries of Health, Justice, Education, Sports and Culture, Women's Affairs, and Energy and Water, as well as UNICEF and various national and international NGOs and churches. CCF was invited to participate in the group concerning children in difficult circumstances, and the first meeting was set for late October 1995. Through this involvement and many other linkages and activities, CCF/Angola attempts to influence national policies in the following areas:

- *Institutionalization of children*. The official Angolan policy is that children's homes are a last option for children. Reuniting children with their own families is viewed as the most desirable option, and placing children in temporary, substitute, or foster families is seen as the next best arrangement. In practice, however, MINARS welcomes donor funds for the establishment of "orphanages," in part because of the availability of international donor

funding for orphanages. CCF/Angola will continue its efforts to influence the GOA directly as well as international donors that promote or accept the institutionalization of children.

- *Awareness of the needs of children.* The program will continue to promote understanding of the needs of children at the local, national, and international levels, through the mass media and workshops on subjects such as the psychological effects of the war on children.

- *Peace education, conflict resolution, and national unity*. As outlined in the recommendations section below, the goal is to create a spirit of national unity in an atmosphere of reconciliation. National policies and legislation aimed at all levels of society, including families and children, should reflect this outlook.

- *Western-style psychotherapy*. Another basic policy question is whether Western-style psychotherapy can and should be used with Angolan children under the circumstances prevailing in Angola. In Mozambique, this debate was reopened recently due to European (German) influences on mental health programs, in spite of the success of the community-based, culturally appropriate Children and War program in that country. The experience of the MWTT shows that it is important to avoid applying Western concepts and methods in isolation. A stronger, more culturally appropriate approach is to integrate Western concepts and methods with those of traditional Angolan culture, taking advantage of the strengths of both.

- *Value of building on cultural practices*. The MWTT program is in the position, through its participatory, community-based approach, to demonstrate that traditional systems should be seen neither as archaic and dysfunctional nor as a way of life to be overcome in the pursuit of progress and development. Traditional systems may be well suited to the social, psychological, and other needs of participants in these systems. They can be a great source of comfort to Africans undergoing rapid change, providing security and continuity. Whereas traditional systems meet these important needs, the same cannot be said of the modern urban alternative. If the MWTT can help sensitize Angolan policymakers and those who have contact with children in this direction, it will make a major contribution.

RECOMMENDATIONS

In October 1995, just prior to the arrival of the evaluation team, the MWTT made a list of recommendations, which appears in *Relatório Final*. The recommendations are as follows:

- Enrich the variety of training approaches, group dynamics, and so on, of trainees.

- Improve the topic of therapeutic techniques in training, emphasizing the use of group therapy techniques.

- Learn more about local culture (proverbs, popular stories, and the like) in each area in order to enrich training content.

- Develop social mobilization activities through national and provincial mass media.

- Improve evaluation instruments for training and include a self-evaluation of trainees (which the MWTT is in fact already doing).

- Improve the team's capacity for research.

- Improve the number and variety of audiovisual materials for training.

- Develop better teaching materials related to therapeutic techniques, based on local media and resources.

- Determine the number, duration, and means of carrying out follow-up activities at each training site.

- Introduce a system of teamwork in each site.

- Create a pre-evaluation form for institutions or programs identified during training sessions.

The evaluation team asked the MWTT team to prioritize these recommendations, to consider how to implement them, and to make any other, perhaps broader, recommendations in light of discussions with the evaluation team. This effort resulted in the prioritized recommendations that follow.

Prioritized Recommendations

1. The highest priority is for in-service training in research methods, probably of an anthropological nature but blending with the other behavior sciences, with emphasis on qualitative and applied methods. Such training would help MWTT staff research aspects of local culture more objectively, systematically, and in depth and permit them to refine and further develop the participatory, community-based, culturally tailored approach. The resulting research would have more credibility, would become publishable in international journals, and would have greater impact on other organizations the MWTT is trying to influence (for example, UNICEF and MINARS). There is also a need for staff to learn to identify and access relevant literature on research methodology.

   One concrete possibility was discussed regarding in-service training: A Mozambican anthropologist, Josefa Marrato, could conduct a training session in Angola and share a

curriculum developed to train Mozambican health personnel at about the same level in research methodology.[4] Ms. Marrato, who has an M.A. in anthropology from London University and a B.A. in psychology, did her master's thesis on the psychosocial effects of war on Mozambican women (including *deslocados*). The curriculum pays special attention to research methods appropriate for learning from traditional healers about indigenous health-related practices and beliefs, a direction the MWTT has been moving toward.

Regarding access to relevant literature in anthropology, psychology, and community development, we discussed CD-ROM and on-line databases, such as PSYCHLIT and SOCIOFILE, that can be searched using relevant key words (such as "children," "war," "dislocation," "refugees," "psychosocial needs," "psychological effects," "traditional healing," and "child-rearing") in conjunction with terms such as "Africa" or "southern Africa." In this way, abstracts and entire articles can be located and obtained to guide and inform the MWTT's work. Another CD-ROM database, the Human Relations Area Files (HRAF), offers ethnographic text compiled by anthropologists over the past half-century from hundreds of societies worldwide. There is considerable information available from societies of southern Africa on child-rearing, child fosterage, socialization, symbolic healing, family dynamics, violence, and traditional conflict resolution, as well as the impact on such societies of economic development, war, urbanization, and other forces of change and disruption.

The easiest way for the MWTT to access such databases is to ask CCF/Richmond to request a university-based research librarian to conduct the searches. The abstracts, ethnographic text, and the like can be downloaded from CD-ROM, converted to a word processing format, and sent to CCF/Luanda. The standard diskettes received each would hold hundreds of abstracts, which could be printed or read on-screen. Using the on-screen mode, the file could be searched again using key words or word strings according to the capability of the word-processing program.

2. The role of the MWTT in helping communities identify basic needs requires definition. The group agreed that it was useful, owing in particular to the recent progress made in the meetings in Brussels, to try to expand CCF networks with organizations that are either working or planning to work in Angola to satisfy basic needs such as food, water, and shelter. On the other hand, it would be premature to define CCF's role as being to help local communities to identify their basic needs because doing so might create inflated expectations that CCF could not meet. This subject deserves further analysis in light of the networking and dialogue that will occur with other NGOs working in Angola.

[4] E.C. Green, F. Farinha, and J. Marrato, "Anthropological Methods and Public Health: A Course Module." Maputo: Mozambique Ministry of Health, National Institutes of Health, December 1994 (in English and Portuguese).

3. Use the mass media to build public awareness of children's needs in regard to war trauma and of community-centered models in addressing these needs. Although work at local levels is extremely valuable, there is also a need for methods that can reach mass audiences, even in rural areas. A high priority should be assigned to using radio, which is a particularly powerful medium for reaching large and diverse audiences throughout Angola. Fortunately, the MWTT has good connections with public radio (Fernanda Santos previously worked for the national radio station).

   Because imagery is also very important in communicating with the public about children's reactions to war and methods for healing trauma, it would be very useful to create a video on the MWTT's overall approach as well as its specific curriculum and training methods. This idea came up in a conversation with Ana Afonso, head of MINARS's Department of Children. Ms. Afonso said that MINARS is most pleased with the CCF approach of developing collaborative relations with the government, other NGOs, and local communities and of working with Angolans who have in-depth knowledge of Angolan language and culture. Praising MWTT's approach of blending traditional and Western concepts and methods in work on trauma and of working in partnership with local Angolan communities, Ms. Alfonso was very enthusiastic about using the approach as a model for the work of other NGOs in Angola.

   Ms. Alfonso said it was likely that the government would be interested in helping to create a video illustrating how CCF collaborated with the government in setting up the MWTT, established culturally sensitive processes, networked with a large number of NGOs and other organizations, and worked with and learned from local communities in all phases of its work. In addition to bringing deserved attention to the MWTT model and the work of CCF in Angola, such a video would be useful in training sessions and in helping other NGOs to work constructively in a community-centered way in addressing not only war traumas but other problems as well. Such a video would also enable the MWTT to retain its focus on its programmatic work by freeing it from the extensive consultations it provides regularly to other NGOs and international agencies that want to begin work in Angola.

   The increased use of the mass media ought to follow the community-centered model that is increasingly apparent in the work of the MWTT. The conceptualization, design, production, and distribution of the communication programs ought to employ Angolan expertise and reflect partnership with local communities. If local radio or television stations develop their own programs on war trauma, there is a high probability that the programs will reflect community concerns and processes and that the stations will actually air the programs. Although it may be necessary to seek external funding from international donors, it is essential that local communities take ownership for the programs that are developed.

The work of CCF in this area should be facilitative and oriented toward networking with governmental, local, and nongovernmental organizations that are in a position to move this work ahead. It would be appropriate to devote a full-time staff position to this media effort.

Work in this area should be informed by careful thinking about effective design, ways of maximizing program impact, and indicators of program effectiveness. In developing audio-visual materials for radio and television, it would be appropriate to field-test materials before they are aired for a broader audience. For example, the broadcast could be shown in advance to a focus group consisting of members of the target audience to obtain information about the impact of the production and ways of improving it.

Group discussion methods might also be very useful in heightening the impact of the productions. For example, since many homes have no television, it would be useful to show the videos in community theaters or meeting places. Afterwards, a community leader could facilitate discussion of the issues raised in the video. As indicators of the impact of these productions and discussions, it would be useful to provide pre- and post-tests of knowledge and attitudes pertinent to the content.

4. As work expands into its next phase, there is significant need for developing the skills of the MWTT. Facility in English is important for accessing the most extensive literature on children and war trauma, for documenting and writing publications on the MWTT project for broader audiences, and for participating in major conferences on war trauma (most of which are conducted in English).

   Computer training is another important area that must be targeted for staff development, since MWTT members need to be able to manage increasing amounts of information and to use databases efficiently. In advancing the ability of MWTT members to conduct research, it would be particularly valuable for the MWTT to learn to use the widely available databases in psychology, anthropology, and sociology (discussed above).

   A third essential area of staff development is management training. Of particular importance in this regard are skills in budgetary management, planning, and reporting.

5. As progress is made toward the fulfillment of the Lusaka accords, there is great need for work on rehabilitation and on developing proactive approaches that will prevent backsliding into situations of war and social chaos. The MWTT's valuable work on healing children's war traumas has played and will continue to play a leading role in helping Angolan society return to as normal a state as possible. However, the best approach in dealing with trauma is to prevent its occurrence. It is unrealistic to talk about healing violence-induced trauma in a social milieu that continues to be saturated with

violence, that provides many opportunities for retraumatization, and that offers children little hope for a future free of violence. What is sorely needed is peace education.

By virtue of its focus on children and its community-based processes, MWTT is positioned to make significant contributions to social rehabilitation and the construction of a positive future for Angolan children through peace education. Since its training curriculum includes work on nonviolent conflict resolution, the MWTT has valuable experience in conducting peace education in Angola at the community level.

As the MWTT establishes programs in the provinces, it should expand its approach to include community-based education about the impact of war on children on both sides of the Angolan conflict. In particular, videos, posters, and radio and television programs should be created that show in a balanced, nonadversarial manner the profound psychosocial impact of the war on children living in areas controlled by the government and by Unita. In creating these materials, caution must be exercised to avoid marginalizing or blaming one group over the other. Designed properly, this approach should serve to humanize each side in the conflict, to establish the needs of children as a key area of common ground between the government and Unita, and to heighten awareness of human rights. These materials could be coupled with programs for developing awareness of landmines and other explosives, another area of common interest to the government and Unita. All of these elements--humanization of the "other," the discernment of common ground, and awareness of the importance of basic human rights--are part of the foundation of peace education worldwide. Their cultivation in Angola is essential for establishing a positive future for children and their healthy psychosocial development.

Children, too, should engage in positive learning about their counterparts on the other side. All children must come to view themselves as Angolan children, and communities must accept this wider social identity. To achieve these goals, it would be useful to create joint recreational activities across the lines of the conflict. For example, recreational camps could be set up to bring together children of various age groups to live for several days in a structured environment, with play, song, dance, and other forms of cultural learning. In a wide array of conflicts across the globe, this approach has been instrumental in reducing tensions between groups, building positive connections across the lines of conflict, and alleviating the feelings of futurelessness that are typically associated with seemingly endless armed conflict.

Peace education also needs to be carried out within families. In Angola, it is customary to use corporal punishment, a practice that is a likely source of retraumatization of children. In addition, corporal punishment reinforces the idea that violence is a normal, acceptable means of dealing with conflict. This idea must be defeated if children are to break out of the cycles of violence that have wracked Angola. The MWTT training sessions already address this problem and the related problem of fighting between children by including

material on nonviolent conflict resolution. Informal reports by the MWTT suggest that this material has created an awareness of the effects of violence in the family where little existed previously. In the future, it will be important to extend and systematize this work.

To evaluate work on peace education, it will be useful to develop specific indicators. In regard to the audiovisual materials suggested, it would be useful to conduct preliminary showings and focus group discussions within particular communities to identify weaknesses and make necessary revisions. After revisions have been completed, pre- and post-tests should be developed and used in conjunction with showings to measure the impact on attitudes, such as those concerning human rights and children from the other side of the conflict. A similar methodology should be used to assess the effect of the suggested recreational activities on patterns of affiliation and friendship, attitudes toward and perceptions of commonality with the other side, and the extent to which children identify themselves and others as Angolan. Regarding peace education, pre- and post-tests could usefully be conducted to measure changes in families in self-reported use of corporal punishment, frequency of fighting among children, awareness of the importance of nonviolent means of conflict resolution, and actual use of nonviolent methods.

Future Reporting

The evaluation team also recommends, and the MWTT concurs, that future quarterly reports should contain more qualitative information about the process and content of important areas such as training, including curriculum development and the community-based approach.[5] This exercise will further encourage the MWTT to reflect critically and analytically on lessons learned (it is already adept at this), help communicate its approach to CCF and to Angola-based organizations, and hopefully stimulate useful feedback from interested parties.

FUTURE DIRECTIONS

After a year of learning through implementation experience, including considerable local-level dialogue, the MWTT finds it has ideas, interests, and priorities that should be formalized by a refinement and restatement of project goals, objectives, activities, measures, indicators, end-of-project status, and so on. This refinement/reconceptualization is include here as annex D. It was drafted entirely by the MWTT. However, the timing is not entirely coincidental because the occasion of the evaluation team's visit (and the recent addition of Maggie Brown to the MWTT) provided a stimulus as well as a forum for discussion with experienced professionals outside the project.

[5]This is found to some extent in research and other reports in Portuguese but not those in English.

Many considerations were discussed before the MWTT drafted the revision, including the following:

- Since AID/Washington funding comes from a special congressional earmark fund, project activities must be in accord with the mandate of this fund.

- AID/Washington would like the MWTT and the documentation, tracing, and reunification (DTR) project it is funding through Save the Children/UK to be mutually complementary.

- Even though peace education can be viewed as the *preventive* part of caring for war-traumatized children, the language of the present CCF proposal to AID/Washington seems to relate more to "therapy" or "treatment" than to prevention.

- Peace education is very broad, important, and central to what Angola needs. But the question that must be resolved is whether CCF/Angola is an appropriate organization to carry out this work. If so, additional support that might assist this effort must be identified.

Annex A

A Community-Centered Approach

Annex A: A Community-Centered Approach

A community-centered approach is distinguished by its philosophy, goals, process, and outcomes. In development or mental health contexts, the guiding philosophy behind a community-centered approach is that local communities are repositories of significant wisdom, knowledge, traditions, and human resources that can contribute in vital ways to development processes and that provide key sources of social support, resilience, and recovery in times of severe stress. When the wisdom, participation, and values of the local community are respected, the local community becomes a significant source of strength in development projects. By contrast, when the local community is bypassed, marginalized, or made invisible through externally imposed programs, it may become a major obstacle to the implementation or the survivability of the development program. Moreover, development projects that undermine indigenous norms, customs, values, and traditions often do significant harm by altering traditional patterns of life and eroding significant sources of support and resilience.

In the context of mental health, the community-centered approach is particularly important since human development is inherently psychosocial. It is through socialization in the family and community that individuals derive personal security and identity, achieve significant developmental milestones, and attain social competence and meaning. The local community is a key channel in the social construction of reality, and an integral part of healthy mental functioning is the learning and internalization of community-defined values, norms, roles, symbols, and patterns of meaning.

Although Western psychology, saturated with an ideology of individualism, tends to view the self as an individual entity, collectivist societies such as those in rural Africa have long recognized the interdependence of self and community. In keeping with this view, a child's mental health and psychosocial functioning are integrally related with events in the community. An active, vitalized, healthy community is essential for healthy psychosocial development. Just as uprooting individuals from their communities is often a source of profound psychosocial stress, the erosion of traditional communities or weakening of local sources of psychological support are significant sources of psychological stress that may negatively impact mental health.

The primary goal of a community-centered approach is to engage the community fully in the conceptualization, design, implementation, and evaluation of development projects. Achieving this goal entails learning from and working with local leaders, mobilizing the community,

ensuring participation by diverse elements of the community, honoring and employing decision-making channels within the community, and enabling the community to organize and position itself for effective action. In short, the goal is to empower the community, treating it as a key decision-making group that ought to determine its own future. The proper starting point in any project is to learn the people and ways of the local community, to dialogue with community leaders and citizens, and to construct a process of partnership, respect, and trust. The proper role of NGOs and other outside agencies in development projects is to enable and support community development rather than to impose it externally.

In regard to process, a community-centered approach emphasizes working in partnership with local leaders, healers, and citizens to define local needs and appropriate ways of meeting them. The key element of the process is two-way dialogue informed by mutual learning and respect. To understand local customs and traditions, however, is not enough. It is also essential to honor local traditions and practices in implementing programs, thereby making development projects a means of strengthening the traditional community. At the same time, it is important to recognize that traditional patterns of living evolve and that it would be inappropriate to support indigenous practices that entail oppression or human rights abrogations.

Among the main outcomes of a community-centered process are high levels of community participation in and responsibility for the project. These outcomes are significant in reducing dependence on outside support and ensuring that development activities are sustainable beyond the funded period of work. But it is equally important that the project embody the wisdom, resources, and values of the local community. Because the project reflects the values and work of the community, the successes and the benefits of the project are visible monuments to the vitality of the community, its traditions, and its ways of life. Thus, the community-centered process enhances the strength and vitality of the community, providing hope for the future.

In situations of crisis and severe stress, community-based approaches are particularly important. For example, the destruction of community and the psychological support and resilience it provides is one of the most devastating effects of war. A key element in healing traumas associated with war and dislocation is the reestablishment of community. From this perspective, it makes little sense to “treat” people affected by war traumas through individual psychotherapy or even through group psychotherapy in the Western mode. Under these difficult circumstances, the reestablishment of community ought to be a high priority both for the healing of the individual and for the healthy functioning of the community.

In every aspect of development work, then, the local community should play a pivotal role, not only as a locus for intervention but as an equal partner in making key decisions about the future. The heart of the human development process consists of enabling communities to help themselves.

Annex B

Schema of Children's Healthy Psychosocial Development

INSERT SCHEMA

Annex C

Schema of the Functions of Funeral and Other Rituals

INSERT SCHEMA

Annex D

Draft Revision of Project Objectives, Activities, and Indicators

Annex D: Draft Revision of Project Objectives, Activities, and Indicators

This is a preliminary document prepared by the province-based War Trauma Team during the visit of Dr. Ted Green and Dr. Mike Wessells, external evaluators. The proposals below will be further revised by the team for eventual discussion with CCF headquarters and USAID.

Global Objective

Contribute to the process of reintegration of children affected by the war and to peace education.

Specific Objectives

At the national level:

1. Contribute to increasing awareness within Angolan society at the national level of the importance of being responsive to the psychosocial needs of children.

2. Contribute to the formulation of government policies and possibly national legislation in relation to the psychosocial needs of children.

At the provincial level:

3. Build capacity through training and technical assistance, within local organizations, community leaders, staff of institutions, and interested adults to achieve the following:

- Develop new projects and programs for children according to local needs.

- Improve the quality of care of separated children in institutions.

- Contribute to the reintegration of separated children into their communities of origin by creating an environment of acceptance and nonstigmatization in five of the provinces most affected by the war.

ACTIVITIES	INDICATORS
National Level	
1. Produce programs to be aired on national radio and television aimed at reaching the Angolan public in all areas of the country, with the objective of reinforcing the message that society should be responsive to the psychosocial needs of children.	1. Pretesting programs to confirm the impact on the public. 2. Number of programs produced/broadcast.
2. Participation in the group sponsored by the prime minister and Ministry of Planning to draw up the National Plan of Action in relation to the Rights of the Child. Preparation of situation analyses and policy/ strategy recommendations in relation to the psychosocial needs of children.	1. Preparation of documents on situation analysis/policy and practice recommendations. 2. Extent to which specific recommendations made by CCF are included in the final documents produced by the Ministry of Planning to go to the Council of Ministers.
3. Publication of articles in internationally recognized professional journals on the pyschosocial situation of children in Angola.	1. Publication of at least one article.
4. Preparation of training materials grounded in local reality and customs for use by provincial teams.	1. Production of a package of materials, including audiovisual materials, that can be adapted for use in various situations and will be tested for impact on a continuous basis.
5. Supervision of provincial teams.	1. Bi-monthly meetings held at national level. 2. Quarterly visits to each province by national staff.
Provincial Level	
6. Situation analysis, using participative methodologies with local community leaders.	1. Preparation and use of situation analyses for CCF planning and in the context of the National Plan of Action.

ACTIVITIES	INDICATORS
7. Run training sessions with selected local participants: community leaders, etc.	1. Number of training sessions run. 2. Number and area of interest of participants. 3. Evaluations of training by participants. 4. Number of key community leaders included in training program. 5. Number of new project initiatives begun following the training. 6. Number of children involved in structured activities following training of adults/hours per day involved, etc. Breakdown by age/sex to demonstrate which groups of children are involved. 7. Extent to which new techniques for working with children are implemented by care staff in institutions. 8. Extent to which reunified children are followed up by local community.
8. Collection of information from community leaders on local childrearing practices, so that the curriculum can be constantly updated and adapted to local reality.	1. Extent to which the information is collected, development.